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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION

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**MINUTES**

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: September 9, 2015  
12:00 p.m.

Carson City: Legislative Counsel Bureau  
401 S Carson Street  
Room 3138  
Carson City, Nevada 89701

Las Vegas: Grant Sawyer Building  
555 E. Washington Ave.  
Room 4406  
Las Vegas, NV 89101

\*Please note that some of the agenda items were discussed out of order.

I. Call to Order/Roll Call

Ms. Liveratti called the meeting for the Commission on Autism Spectrum Disorders to order at 12:12 p.m.

Members Present: Jan Crandy, Mary Liveratti, Korri Ward, Shannon Crozier

Members Absent: Keri Altig

Guests: Eric Kessler, Jessica Foerch, Marie Francis, Sarah Summers, Lynda Tache, RJ Larrieu, Michelle Scott-Lewing, Allan Ward, Robert Johnson, Steven Cohen, Shannon Sprout, Lisa Dyer, Renee Portnell, Shea Redd, Ken MacAleese, Martha Schott-Bernius, Ralph Sacrison

Staff Present: Brook Adie, Julie Kotchevar, Carol Reitz, Megan Wickland

A quorum was declared.

- II. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

There was no public comment.

- III. **Approval of the Minutes from the June 18, 2015 Meeting**

Ms. Ward made a motion to approve the minutes of the June 18, 2015 meeting with the changes noted. Dr. Crozier seconded the motion. The motion passed.

- IV. **Discuss and Make Recommendations to the Medicaid ABA (Applied Behavior Analysis) Provider Rates**

Ms. Dyer informed the Commission that they are set for the Public Hearing which will take place on October 19<sup>th</sup>. Medicaid is currently working with CMS (Center for Medicare and Medicaid Services) on how to word the SPA (State Plan Amendment).

Ms. Ward asked Ms. Dyer if there was a parent training code that will be used by a BCBA(Board Certified Behavior Analyst) or a BCaBA (Board Certified Assistant Behavior Analyst). Ms. Sprout said they are including family adaptive treatment behavioral guidance. She added there is the 0307T code which is the training to the parent without the child present and the S5110 which is the family adaptive behavioral treatment with the child present.

Ms. Liveratti asked if those codes cover both the BCBAs and BCaBAs. Ms. Sprout said the codes only cover the psychologist and the BCBA, not the BCaBA. She added other states do not make that eligible for the BCaBA. She said it was addressed in the workshops and at this time they will be moving forward with the policy on January 1<sup>st</sup> and any changes to the SPA would delay it. They will continue to evaluate the code through the utilization management. She also informed the Commission that the code has a session limit of four per calendar month which was in agreement at the workshops.

Ms. Ward said she was concerned with the BCaBAs not being able to do the parent training especially in rural Nevada where they are so limited in providers. Ms. Sprout said they will continue to evaluate and do not want to delay the services. She added it is a living document and they can continue to make changes once they go live in January.

Dr. Crozier asked Ms. Sprout how the data of the code works and what Medicaid is looking for in utilization. Ms. Sprout said they would be looking at the prior authorization, what is being requested, the amount of denials and approvals along with what codes are being requested. They will also look at the claims perspective of what codes are being requested, the units of

services being authorized, demographic data as well as a number of parameters.

Dr. Crozier asked how and what data will Medicaid be looking for if there are no service providers in the rural area. Ms. Sprout said they are doing outreach currently and there are ways to access services in the rural area which includes LogistiCare in the rural areas. Telehealth will be occurring. She added that the rural areas are a challenge for every state.

Ms. Liveratti asked about codes for the parent training. Ms. Sprout said the codes include both with and without the child present for the parent training. She added that it also includes group sessions.

Ms. Ward asked if LogistiCare pays for the parent but not the provider. Ms. Sprout responded she is not the expert for LogistiCare but there are codes for providers to have contracts for LogistiCare to be able to perform the services in multiple levels. Ms. Sprout added they have to look at the utilization data which usually takes about six months to evaluate in order to determine what is and what is not working.

Ms. Ward asked how the layout will look like for the providers and interventionists to be paid during the workshops. Ms. Sprout responded it would be a different delivery model. There is no cost to the parent for the services rendered that are covered that have gone through the prior authorization and meets medical necessity for the child.

Ms. Liveratti asked if the workshops need to be in the treatment plan and have a prior authorization in order to bill Medicaid. Ms. Sprout said all services for ABA (Applied Behavior Analysis) must be in a prior authorization except of for assessments.

Ms. Ward asked about the RBT (Registered Behavior Technician) rates. Ms. Dyer said the rates are posted on the Medicaid website. Ms. Liveratti asked about the definitions of the coverage for each description. Ms. Sprout said the codes can be fully defined on the AMA (American Medical Association) website through the CPT (Current Procedural Terminology).

Ms. Ward asked about the policy for overtime for RBTs. Ms. Sprout responded they will no longer be employees of the parent. She said what is required by CMS is what is under the direction of the psychologist or licensed behavior analyst. Medicaid is paying for the codes rather than the employment aspect of it. Ms. Dyer added that the RBT rates were determined by what is the average salary and added fringe benefits and overhead.

Ms. Liveratti asked if they looked at the RBT rates across the states or if they looked at the CABI (Certified Autistic Behavior Interventionist) rates since they previously did not have RBTs in Nevada. Ms. Dyer said they looked at the national average and local provider recruitments.

Ms. Crandy asked if the providers are able to bill for the supervision and RBT at the same time during the workshop. Ms. Liveratti clarified that as long as it is written within the treatment plan and is in the prior authorization, you are able to bill for the supervision as well as the treatment.

Dr. Crozier asked Ms. Sprout to clarify what the supervision codes were for the adaptive behavior treatment. Ms. Sprout told the Commission that there is an Insider's View Book which will be most helpful that gives examples of the codes used when BCBAs and RBTs are working with the family. The book is available through the American Medical Association. She added there are trainings available for the billing process through Hewlett Packard after a provider has enrolled.

Ms. Crandy informed the Commission that the CPT codes 0368T and the 0369T are used for the supervision. The RBT time would be the 0364T and the 0365T.

Ms. Crandy asked about the parent training performed by the BCaBA under the 0370T code. Ms. Sprout said that code was not included. They had looked at other state models as well as Tricare and that code was not included to allow BCaBAs to perform the parent training. It was discussed during the Medicaid workshops and the concerns were addressed. She added they will be moving forward with the way the State Plan Amendment is currently written so the process will not be delayed. She said it will be monitored and evaluated after January 1<sup>st</sup>.

Mr. Shea Redd asked if there was a time limit for assessments performed on a child by a BCBA with the codes that have been provided. Ms. Sprout said Medicaid is required to follow the timelines that are outlined by CMS. She said the allowable assessments are one in 180 days. She added the first code provides a 30-minute assessment and the next code allows you three follow-up assessments. She said you may access the Physician's Fee Schedule on the CMS website to find the MUE edits for further information.

V. Discuss and Make Recommendations to the Medicaid Providers Enrolled, Outreach Efforts for Enrollment, Status of the Policy of Services, and the Policy SPA (State Plan Amendment)

Ms. Sprout informed the Commission that the provider enrollment was done differently than they have done with other programs in the past. They opened up the provider enrollment before the policy went into effect in order to build

the provider capacity. There were workshops held in June and July which hosted 92 participants. Within the events, they discussed becoming a Medicaid provider, how to enroll with Fee-for-Serve and Managed Care. They have continued to follow up with the providers in their outreach efforts.

Ms. Sprout reported that out of the 92 participants, there were 33 providers who have indicated they will be enrolling. 14 of the participants have indicated that they do not meet the criteria. 5 providers indicated they will not be enrolling. 40 of the providers are still pending with their decision.

Ms. Crandy asked whether the 33 providers were companies or individual BCBAs or psychologists. Ms. Sprout said it was a mix. She added a lot of them already had NPIs (National Provider Identifiers) which means they have worked with Medicaid before.

Ms. Crandy asked if they had any RBTs that had enrolled. Ms. Sprout indicated that there has been a group as well as individuals that have enrolled already. Three groups and two individuals that have successfully completed enrollment that did not attend the workshops so it is beyond the 92 that was previously stated. There are five that are pending.

Ms. Crandy asked if Medicaid is asking the providers their capacity as to how many they are able to serve. Ms. Sprout said the enrollment is not looking at their capacity but only at their enrollment.

Ms. Liveratti asked if there is a way to find out the capacity from the providers. Ms. Sprout said she may be able to find that out but it wasn't something that Medicaid was looking at. Ms. Crandy said it was important to get that information in order to not give false hope.

Ms. Ward said she wanted to make sure they are continuing to monitor rural Nevada. She wanted to make sure providers are aware of the LogistiCare. Ms. Sprout said they will continue to monitor that. Ms. Crandy asked if they are contacting the BCBAs that are listed on the BACB (Behavior Analyst Certification Board) website and asking them to sign up.

Ms. Crandy asked when the SPA will be submitted. Ms. Sprout said she believed it was on October 19<sup>th</sup>.

Ms. Crandy asked if the RBT rate will continue to be monitored so that providers who don't feel it is high enough will enroll. Ms. Sprout said they will be evaluating everything within the six-month period. She added there were only five providers that were concerned with the rate feasibility and wanted to wait a little while longer.

Mr. Redd asked if you have to enroll individually or as a group if you will be contracting with different agencies. Ms. Sprout explained billing is attached with both the group as well as the individual so you would have to enroll as an individual as well as the group. She added every RBT, psychologist and BCBA will have to submit the paperwork with the group enrollment. Mr. Redd asked if you enroll as a group, would you have to enroll as an individual as well. Ms. Sprout said they have to be done at a separate level. The individual has to start the process with Fee-for-Service first.

Ms. Crandy asked that the Commission consider writing a letter to Mike Willden, the Governor and Medicaid for the RBT rate to be revisited. She said the national private insurance is paying higher rates in other states. We need to get more providers to move to Nevada. Other states have a \$50 rate for RBTs. They need to look at the rate again.

Ms. Liveratti added they need to look at the rates and accessibility in the rural areas. Ms. Crandy asked if Dr. Crozier is satisfied with the RBT rates. Dr. Crozier said it is workable. She added that continuing to push this will make a difference.

Ms. Crandy made a motion to draft a letter for the RBT rates and group rates to be revisited and to keep abreast as to the reasons why providers are not enrolling. She also added to allow BCaBAs to conduct parent trainings and Medicaid to monitor how many BCaBAs are serving the rural community. Dr. Crozier seconded the motion. The motion passed.

VI. Update on UNLV (University of Nevada, Las Vegas) Center for Autism Expansion of Services Through Collaborations with UNLV School of Medicine and Community Partners

Dr. Crozier informed the Commission that the Center for Autism will evolve into a jointly sponsored center with the UNLV Center for Autism, UNLV School of Medicine and Grant A Gift Autism Foundation. The new space will be open middle of January. The services will expand into diagnostics, ongoing assessments, psychological services, behavioral programs, group social skills, pre and vocational programming, Early Intervention Services, social work services, counseling, parent training, and ongoing consultation.

Ms. Crandy asked if the early intervention piece of it will entail doing the Early Start Denver Model. Dr. Crozier said they will be. Ms. Crandy asked if they will be limited to just autism services. Dr. Crozier said that once they relocate, they will not be limited to just autism.

Ms. Tache said they are very excited about the expansion and thanked everyone for always standing alongside them.

VII. Review and Discuss the Current Data Reported as Required by the NAC 427A and Update to Governor

Ms. Kotchevar reported that all the reports were received from the school district, from Early Intervention and VocRehab. Ms. Kotchevar said the school district went from 6,000 children with an autism diagnosis to 7,171. She added the bulk of 5,682 are in Clark County and 756 are in Washoe County. She also reported that there are 238 children under the umbrella of charter authority.

Ms. Kotchevar told the Commission that VocRehab provides the raw data to ADSD (Aging and Disability Services Division) which in turn does a meaningful data analysis of it. She reported that VocRehab served 82 clients with autism, average hours worked per week was 24.54 hours, and their average wage was \$9.34. VocRehab spent \$373,352.18 preparing their clients for employment. She added not every client they served resulted in a job, but that is the average for the clients that did acquire a job. The data analysis with the service categories and job titles is posted on the website.

Ms. Crandy asked if the job titles and categories were sheltered workshops. Ms. Kotchevar said they are competitive employment. Ms. Crandy asked how many of the clients maintained the jobs. Ms. Kotchevar said the data that is reported to ADSD is that the clients have to maintain the jobs for 90 days after which VocRehab will close the case as a successful rehabilitation. If they come back through, it is a new case. The 82 clients that were served were all unique IDs.

Ms. Foerch from DETR (Department of Employment, Training and Rehabilitation) told the Commission that out of the 82 clients that were served, 62 were closed successfully. She added that the client's wages ranged from \$8.25 to the highest being \$22.86 per hour. She added they don't place the clients in jobs. Their goal is to help minimize the barriers to employment caused by any types of disabilities in order to help the clients be able to obtain employment. She added some choose to work part time in order to maintain their Social Security or Social Security Disability benefits so they may maintain their \$1090 per month.

Ms. Liveratti asked how DETR works in order to help clients with their desired employment. Ms. Foerch said it is a case-by-case basis, but they provide assistance or accommodations to minimize barriers to employment. She gave examples of helping with assistive technology accommodations or reading or writing and job developers who will fill out the application or go to their prospective employer and try to advocate for them.

Ms. Liveratti asked if employers provided them with a list of jobs that they are recruiting for. Ms. Foerch said employers will contact Job Connect offices to

post jobs that are available. She added their job developers do go out and make connections with potential employers.

Ms. Kotchevar reminded everyone that the Regional Centers can provide supported employment through jobs and day training after the VocRehab process ends for consumers who are served by developmental services.

Dr. Crozier asked Ms. Foerch to describe the types of on-the-job supports both short-term and supported employment that DETR can provide. Ms. Foerch said once a client obtains employment, DETR will provide follow-along supports which include job coaching both short-term and long-term and will partner with agencies in order to accomplish this.

Dr. Crozier asked Ms. Foerch to summarize what DETR's needs are to continue to improve services for adults with ASD (Autism Spectrum Disorder). Ms. Foerch said their biggest needs are additional training in supported employment for persons with ASD. She added also building community partnerships to provide their clients services that they are not experts in.

Ms. Kotchevar told the Commission that Early Intervention Services diagnosed 194 children which does not include the number of assessments done or what other community agencies diagnosed. Ms. Kotchevar added that the average age for diagnosis was 28 months. She told the Commission one of the things that they added this year included language assessments and adaptive behavior assessments which were standardized across Early Intervention. They were able to increase the diagnosis and decrease the age.

Ms. Kotchevar told the Commission the bulk of the diagnoses came from Early Intervention. She added Early Intervention continues to work on training community partners with their responsibility on doing a diagnosis and referral. Ms. Crandy asked if the community partners can refer back to Early Intervention if they are not able to provide a diagnosis. Ms. Kotchevar said it is somewhat tricky with the federal law but families can request to change programs. She added that the community partners should be able to do a diagnosis.

Ms. Ward asked about the data on the entry and exit and why there was N/A reported. Ms. Kotchevar said the N/A is for children that have exited within 90 days of the diagnosis.

Ms. Liveratti asked about the continuation of the Commission on Autism Spectrum Disorders. Ms. Kotchevar said the letter has been submitted and she will follow up with staff to find out where it is in the process. She added they had indicated it may take longer than anticipated since they were still doing bill signings and ceremonies.



Ms. Liveratti asked if the Commission had any feelings one way or another on adding the data to the Governor's Report in December. Dr. Crozier agreed on adding the info in December.

VIII. Update on ATAP's Plan to Serve Children with Medicaid to Meet Medical Necessity, Policy Updates and Number of Providers in Process

Ms. Kotchevar told the Commission that just as all other Medicaid providers, ATAP is still in the process of waiting. ATAP, Early Intervention and Developmental Services are working with a representative at HP to become a group provider. They will help providers that are serving the Medicaid-eligible children to become certified providers under their group depending on whether they are EI and ATAP providers or developmental services provider. She added that EI currently provides or contracts for the service and in turn bills insurance for reimbursement. That is the same model they will continue to use. They are in the process of developing all the methods to get everyone certified under ADSD's group number.

Ms. Kotchevar added that they are also in the process of making system changes in order to bill Medicaid electronically so it's not manually. They are also working out the details on how prior authorizations for service will be done. Ms. Adie is working with the Division of Insurance and working with HPN (Health Plan of Nevada) to accept the assessments that are currently done in place of the assessments that they require on their commercial product so they don't have to go to a different place for their assessments.

Ms. Kotchevar told the Commission that they are building the tracking systems for prior authorizations and periodic reports as well as the mechanics. ATAP plans to be one of the first billers of Medicaid. She added the requirement to bill Medicaid was part of ATAP's budget. They are expected to bring in the revenue and will not be able to serve the children if they do not bring in the revenue.

Ms. Adie informed the Commission that ATAP currently has 29 approved providers and 24 new and additional providers in process.

Ms. Kotchevar said they have to have a certain amount of liability insurance. She said for individual providers sometimes those levels of minimal liability insurance are expensive. She explained that is the reason why there are so many in process and not completed is because they are getting insurance levels that are affordable to them but still protect the State as they are a vendor. Liability insurance is going to become more institutionalized as they move from an individual where the parent was the employer of the interventionists to having the providers have to employ the interventionists.

Ms. Ward asked about the three providers under ADSD. Ms. Kotchevar said Early Intervention and ATAP share a provider agreement. Early Intervention, ATAP and Developmental Services can become a group Medicaid provider so that any of the consumers who would qualify can bill for the services for all programs across the Division.

Ms. Ward asked why providers have to reapply in order to provide services for the Regional Centers. Ms. Kotchevar explained that the statute that governs the Regional Centers has very specific requirements for providers who serve them that do not govern EI and ATAP. It would have been too difficult to include the Regional Centers with the EI and ATAP provider agreement since they have different federal requirements. Developmental Services has specific requirements that they have to submit and there is some crossover with ATAP and EI. Ms. Ward said she would just like to see it more streamlined.

IX. Current Numbers from NEIS and Community Partners which Includes Failed Screenings, Diagnosis and Referrals to ATAP

Ms. Kotchevar informed the Commission that NEIS did 2,608 screenings and served a little fewer than 3,000 children. Almost every single child that came through was screened. 628 failed and were grouped manually by the reasons for failing. 227 failed because there was a legitimate concern of autism. Others failed because they had a different type of diagnosis such as a Sensory Integration Disorder or Angelman's. Of the 227 who failed because of autism concerns, 194 of them received a diagnosis.

Ms. Kotchevar said they track the number of children who are pending a diagnosis but have already begun the testing, the number of children who are waiting for an assessment but haven't started the process, have not yet been scheduled, the number that has received a diagnosis, the number that have declined, the number that completed the assessment but did not receive a diagnosis, the number of children that were referred and the number of children that declined the referral. All the numbers are tracked and monitored monthly in order to identify if there is a lag from month to month.

Ms. Kotchevar said they track the families that have declined the diagnosis and offer to have them speak to ATAP personnel and continue to follow up with them. She added there are not a lot of people who are declining the referral. There is a referral form that was created by ATAP for EI and community partners to use. There is a section on the form for a parent to sign if they decline a referral. All personnel have been told that the parents have to sign the referral or the declination of the referral to ATAP. They are also told that if the parents declines then they can change their mind at a later date.

Ms. Kotchevar said there are behavior service meetings where EI and ATAP staff have created a policy to coserve children simultaneously. She added they have created trainings on how to coserve and how to talk to families about it. She added they have been sharing the spreadsheets and comparing the tracking so no kids are missing.

Dr. Crozier asked if there was any data on the average wait time between the fail of the screening and the beginning of testing. Ms. Kotchevar said it is not on the report, but they no longer wait for two failed screenings like they used to do. She said she will have to look to see if there are dates on the wait time.

X. Update on the Wrap-Around Pilot Program Implemented by the Regional Center

Ms. Kotchevar informed the Commission that during the legislative session, a bill was passed that allowed a program that was specifically targeted at consumers who have a diagnosis of intellectual disability and autism who would have more intense needs. The idea was for them to be able to be served in their home and community and not sent out of state. This would be a partnership between ADSD Regional Centers and the Counties. She reported they have had initial meetings with Washoe County. She added it is a voluntary program which is a “may” and not a “shall” law. Ms. Kotchevar said they are meeting with Kelly Woolridge from DCFS and Amber Howell from Washoe County to collaborate on how the program will work. There has been one meeting and they are scheduling a second meeting.

Ms. Liveratti asked how many children are being targeted. Ms. Kotchevar said there hasn’t been a certain number identified. She added it will depend on the County since they are responsible for paying for the services for children. They reimburse Developmental Services for services that ADSD provides. It will depend on what the County feels they have the ability to do. It will be a defined group who has that diagnosis so it would be a low number.

Ms. Liveratti asked if Washoe was the only location with the pilot program. Ms. Kotchevar stated it was a permissive bill so it doesn’t require counties to do it and were not given any money for the pilot program.

Ms. Liveratti asked if the wrap-around services were only for Medicaid-eligible children. Ms. Kotchevar stated they were children that were being served by the Regional Centers which doesn’t necessarily make them Medicaid children. There is a wrap-around WIN (Waiver for Independent Nevadans) program that provides intensive case management with DCSF (Division of Child and Family Services) Children’s Mental Health as well as the Regional Centers that have been doing it for a while. The wrap-around program would be to combine supports of the behavioral mental health therapy with the

supported type of services, intensive case management with the supported living or respite that is available with the Regional Center in order to wrap those services around the child to stay within the home. The current WIN program is targeted to people who are served at the Regional Center, whereas the pilot program would require individuals to have an autism and intellectual disability diagnosis.

Ms. Kotchevar said within the Department of Health and Human Services, they are trying to create residential treatment centers and grow them in Nevada to serve people who have high intense needs and/or you have an intellectual disability which a lot of the residential treatment centers don't want to serve because the staffing is different.

Ms. Liveratti asked about the children that are sent out of state and brought back when they are 18 years of age and do not have any services then. Ms. Kotchevar said they are looking at the transitional age up to age 21.

XI. Review and Make Recommendations to the 2015 Objectives for the Five-Year Strategic Plan

This item was tabled until the next meeting.

XII. Discuss and Possibly Support a Special Session to Address Exceptions to or Removal of the 100-Day Mandate as Outlined in SB 302

Ms. Scott-Lewing said she would like to gain support from the Commission to either ask for a special session or to address exceptions to or the removal of the 100-day mandate for autistic students and their siblings regarding SB302.

Ms. Crandy asked Ms. Scott-Lewing to explain what SB302 was. Ms. Scott-Lewing informed the Commission that SB 302 establishes a program in which a child who receives instruction from a certain entity rather than from a public school may receive a grant amount of money in an amount equal to a certain percentage of statewide average basic support per pupil.

Ms. Scott-Lewing explained that families that choose to place their child outside of the public school environment, starting April 2016 will be entitled a certain amount of funding to facilitate that. At this point, the bill calls for a 100-day mandate for children to enroll in the public schools in order to qualify for the funding. She added ACON (Autism Coalition of Nevada) believes the 100-day mandate in order to qualify for the ESA is detrimental to autism students. She read a letter that states "We ask for an exception to be created to eliminate this mandate for them. Autistic students thrive on routine and structure. Uprooting them from familiar surroundings, people and routine will cause significant disruption and setbacks for them. Many families have worked diligently to put together resources and structure to address their

Autistic children's needs. This may include, in addition to private school attendance, piecing together numerous types of therapies including but not limited to ABA, Occupational Therapy, Speech Therapy, Social Skills Development, Floor Time Therapy, etc. to address the challenges their children face. To force disruption for at least 100 days will likely cause not only behavioral regression and/or emotional turmoil for these students, but in terms of Education specific issues, it threatens potential academic regression, confusion, and could lead to other neurological issues that would have to be dealt with after the 100-day term. Some children could even lose language skills that have taken years to develop."

Ms. Liveratti asked if anyone brought up the concerns in front of the legislature when the bill was going through. Ms. Scott-Lewing said she was not aware of the mandate at that time. Ms. Crandy asked if she had reached out to Senator Keickhefer. Ms. Scott-Lewing said she intended on reaching out to him.

Ms. Liveratti asked if parents wanted to be able to access the voucher money, they would have had to access it by now. Ms. Scott-Lewing said a lot of people were taken back. Ms. Crandy said it was her understanding that they can do the online school for the 100 days and the ACLU has filed a suit against it. She added that the money is given to the parents so they can use it in any way they want.

Ms. Scott-Lewing said there is a lot of oversight by the State. She added the bill was modeled after the Arizona law and Arizona was sued by the ACLU and lost for the exact same reason. Ms. Liveratti said she thought the suit was against people using it for religious schools. She asked if they have looked at using the online schools for the 100 days. Ms. Scott-Lewing said she has close friends and family that are taking advantage of that but are not students with special needs.

Ms. Crandy said it was disruptive for any student to have to go to a public school but added that she understood that the public schools wanted an opportunity to show that they can educate the student within the 100 days.

Ms. Liveratti said that if the online option is not meeting the needs of the students with autism, they should be challenging that. They would have to make certain accommodations for the child under the ADA (Americans with Disabilities Act).

Ms. Crandy thought that when you walk away from public schools, you're losing the IEP (Individualized Education Plan). Ms. Liveratti stated that the online is part of the public schools.

Ms. Kotchevar stated that all schools are governed under the federal IDEA (Individuals with Disabilities Education Act) laws. They are all required to do an IEP or 504 plan for students with autism. She added the bill is disruptive because you have to change gears for the 100 days. She said her understanding is it's a one-time 100-day mandate. She informed the Commission that she knew of some individuals that were taking some classes part-time in public schools while still maintaining their education at an outside school. She added most people were unaware of the 100-day mandate when the bill was going through.

Ms. Liveratti asked if there was an interim committee on education. Ms. Kotchevar stated there was an interim committee for children as well as veterans, seniors and people with special needs in the legislature. She said people are asking for concessions in the meantime for what accommodation they can make in the interim.

Ms. Crandy asked Ms. Kotchevar what she felt the Commission can do. Ms. Kotchevar said the Commission can write a letter of support to the Treasurer and the Department of Education asking them to review the policy and make accommodations to be able to offer a waiver for people who have special needs and how it would negatively impact the child's education. She said find out if they would be willing to offer the waivers knowing that the bill should be addressed next session.

Ms. Ward added that her son would not have been able to make the 100 days. She added for some children with health issues, they would not be able to make the 100 days and for some they have to have a shortened school day.

Dr. Crozier suggested that if the Commission is going to take a position and make recommendations on the bill, they focus on individuals with disabilities and highlighting the needs of those with autism. Secondly, she suggested really detailing the specific risks for children with neurodevelopmental disabilities that would come with the disruption, the potential long-term impact and recommending that part of the potential waiver can include retroactive record review. If you have a child that has been out of school because of failure to provide adequate education or failure to progress several years ago that may be part of the consideration that's given to families with a child with a disability. She added that they should stay within giving a recommendation rather than sweeping condemnation of the 100-day mandate. She said it would be more effective if they have more of a target.

Ms. Liveratti said they should focus on children with special needs. Ms. Scott-Lewing said she would look at if Arizona had a 100-day mandate that was addressed. Ms. Crandy asked Ms. Reitz to draft the letter and send it to Dr. Crozier for her approval. Ms. Crandy asked who the letter should be sent to.

Ms. Liveratti suggested it go to Governor, legislatures and the superintendent of education. She suggested pointing out that during the session, the Commission wasn't aware of the impact on the children with special needs.

Dr. Crozier made a motion that a letter be drafted to the Governor, superintendent of education and anyone else that will be added outlining the Commission's concerns of the impact of the 100-day mandate as it specifically impacts kids with autism and related disorders. Ms. Crandy seconded the motion. The motion passed.

### XIII. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

Dr. Crozier had asked what the process will be for new Commission members. Ms. Liveratti said it will be the same which is there is an application on the Governor's website that needs to be submitted. She added if there are any questions, they can contact ADSD.

### XIV. Adjournment

Ms. Liveratti adjourned the meeting at 2:56 p.m. |